

STATE OF NEW HAMPSHIRE BOARD OF TAX AND LAND APPEALS

Financial Affidavit of _____
Docket No.: _____

General Information

Address _____
Mailing Address _____
No. of Dependents _____
(including yourself)

Employment Information

Name, address and phone number of employer:

Monthly Guidelines Calculation Income

Base pay from salary, wages	\$ _____
Overtime and shift differential	_____
Commissions, tips and bonuses	_____
Additional employment	_____
Self-employment	_____
Unemployment and veteran's benefit	_____
Disability, worker's compensation	_____
Pension/retirement benefits	_____
Social security benefits (SSA)	_____
Interest and dividends	_____
Trust and other investment income	_____
Rental income and business profits	_____
AFDC, TANF, and Food Stamps	_____
Other public assistance	_____
Dependant's income	_____
Child support from others	_____
All other sources	_____
Total	_____

Monthly Guidelines Calculation Expenses

Court ordered support for children	\$ _____
Mandatory Pension	_____
Alimony	_____

Housing

Rent/mortgage payment(s)	\$ _____
Property taxes	_____
Condo fees	_____
Home maintenance/snow removal/ lawn care	_____

Utilities

Heating oil/wood/coal	\$ _____
Propane/Natural Gas	_____
Telephone	_____
Electricity	_____
Cable television	_____
Water and sewer	_____

Insurance

Homeowner/renter	\$ _____
Vehicle(s)	_____
Health/dental	_____
Life/disability	_____

Uninsured Health Care

Medical	\$ _____
Dental	_____
Orthodontics	_____
Eye care/glasses/contacts	_____
Prescription drugs	_____
Therapy/counseling	_____

Transportation

Primary vehicle payment	\$ _____
Other vehicle payment	_____
Vehicle Maintenance/gas/oil	_____
Registration and tax	_____

General and Personal

Groceries \$ _____
Meals eaten out _____
Clothing and shoes _____
Hair care _____
Toiletries and cosmetics _____
Pet food and care _____
Church and charities _____
Laundry and dry cleaning _____
Gifts _____
Newspapers and magazines _____
Education _____
Dues and Memberships _____
Vacations _____
Entertainment and recreation _____

Financial

Federal Income Tax \$ _____
State taxes _____
Social security and medicare _____
Loan payments _____
Other debts _____
Checking _____
Savings _____
401(k) _____
IRA _____
Other retirement plans _____

Insurance

Health \$ _____
Dental _____
Other _____

Other Expenses and/or Debts

_____ \$ _____
_____ _____
_____ _____

I swear (affirm) that: a. To the best of my knowledge and belief, I have fully disclosed all income and liabilities having any substantial value; and b. I have reasonably estimated the value of each liability.

Date _____ **Signature** _____

Note: The information provided herein will remain confidential.